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Paper still rules patient records

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Few local hospitals have given up paper charts and ballpoint pens for hand-held computers, mirroring a national trend that shows building a computerized database of patients' medical records is a marathon rather than a sprint

Fewer medical errors, early diagnoses and improving patient care are a few of the promises of health-information technology. But often the implementation of a computerized medical system is stymied by the high cost of new technology and an unwillingness to adapt to the complexities of the digital world.

"There is progress being made in health-information technology" said John Glaser, vice president of Partners HealthCare System in Boston, which includes primary care physicians, specialty physicians and community hospitals around the country. "But it is probably not going fast enough."

A fully integrated electronic medical-records system can replace paper records as the main source of patient information. Eventually, hospitals and physicians would be able to communicate with each other over computers to avoid costly duplication and quicken response times.

Inova hospitals in Northern Virginia will be fully computerized by mid-2008. The effort to go paperless is halfway complete, said Che Parker, director of public relations at the hospital company, which owns Alexandria, Fairfax, Fair Oaks, Loudoun and Mount Vernon hospitals.

"Right now, 80 percent of our clinical records are electronic. We are working on other areas such as patient consent forms," he said. "By mid-2008, we'll be completely paperless."

George Washington Hospital's outpatient department is one of the small number that has been able to go 100 percent paperless. The outpatient side of the hospital, which employs about 325 physicians, completed the shift to computerized medical records last year.

"Instead of starting from scratch, an internal-medicine physician can consult with a cardiologist electronically by seeing a patient's medical work-up and know the medical history," said Stephen Badger, chief executive officer of the university's medical faculty associates.

Mr. Badger said the electronic system would normally cost about \$300 million, but the hospital was able to buy it for less and has saved more than \$1 million a year in costs as a result of going paperless.

"There are no more misfiled lab results," he said. "It has created tremendous efficiencies. We've had a positive return on our investment."

The issue of shifting health care providers to integrated electronic medical records has been a steady drumbeat across the country for years, even before the Bush administration set a goal to introduce a national electronic health infrastructure by 2014.

Nearly one-third of private-sector health care providers are still in the planning stage of electronic medical record adoption, according to data from a new survey by Citrix Systems Inc.,

a software security company in Florida. The report includes physicians' offices and hospitals.

In addition, Citrix Systems found that just 16 percent of state health officials surveyed report that their state has set a timeline to reach broad use of electronic medical records.

"Although the adoption time frame is longer in the public sector than in the private sector, both groups experience similar challenges as they work toward the 2014 goal of e-health records for all citizens," said Bert Wakeley, director of state and local government affairs for Citrix Systems. "We found that organizations need easier, lower-cost options, and they must develop strategies to address cultural issues in order to meet the 2014 goal."

An American Hospital Association survey in January found that 11 percent of the nation's community hospitals have a full-scale electronic health-records system in place and 57 percent have partially implemented some form of electronic medical records.

For both physicians and hospitals, the largest barrier to adopting new technology is the enormous price tag. In 2006, 94 percent of hospitals said the initial costs of buying new technology was a significant impediment, and 87 percent said the ongoing costs such as a well-trained staff to implement the technology is also an issue, according the hospital association survey.

On average, a 200-bed hospital spent more than \$3 million last year to bring in new technology and maintain it over time. That level of spending is not feasible for most small, rural hospitals.

"We lose money every year taking care of patients," said Todd Linden, president of Grinnell Regional Medical Center in Iowa. "We would all like to see the adoption of health technology accelerate, but hospitals don't have the resources."

The Washington Hospital Center in Northwest was one of the first hospitals in the area to implement an electronic medical-records system. The hospital had the unique benefit of employing two doctors who developed an electronic records database, called Azyxxi.

"The benefit of a health-information technology system like Azyxxi is that physicians are able to get a rapid response from authenticated people on which clinical tests are appropriate and [on] medication orders," said Peter Basch of MedStar Health in Columbia, Md., which owns seven hospitals in the Washington area including the Washington Hospital Center and Georgetown University Hospital.

Dr. Basch said implementing new technology is a continuing process -- the hospital began using Azyxxi 10 years ago -- because of high costs. "Doing it all at once could cost around \$150 million," he said.

For instance, Azyxxi is not a fully integrated electronic records system in that it is not able to order medication through pharmacies or process another physician's notes on a patient.